ļ	DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMI ON	Form C-104
ļ	FILE	REQUEST FOR ALLOWABLE		Superseder Old C+104 and C+1. Effective 1-1-65
	J.S.G.S.	AUTHORIZATION TO TO	AND ANSPORT CIL AND NATURAL	
Ī	LAND OFFICE	. AUTHORIZATION TO TR.	ANSFORT OIL AND MATURAL	. 543
ĺ	TRANSPORTER OIL			
}	OPERATOR GAS			
	PRORATION OFFICE			-
•	Operator			
	SUN OIL COMPANY			
	P.O. Box 1861, Midland	, TX 79702		
	Reason(s) for filing (Check proper box)		Other (Please explain)	
	New Weil	Change in Transporter of:		
	Recompletion Change in Ownership X	Cil Dry G Casinghead Gas Conde	as ensate	
i	Change in Ownership A	Conde	made	
	If change of ownership give name and address of previous owner	SUN TEXAS COMPANY, P.O.	Box 4067, Midland, TX	79704
II.	DESCRIPTION OF WELL AND Y	LEASE Well No. Pool Name, Including a	Formation Kind of Le	ase Lease No.
	South Leonard Unit Tr.		<u>t</u>	Lease 1,00.
	Location	3 Journ Leonard	. 740011	
	Unit Letter B ; 660			
	Line of Section 24 Tow	vnship 26-S Range	37-E , NMPM, L	ea County
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL G	AS	
	Name of Authorized Transporter of Oil 🔀 or Condensate 🗌 Address (Give address to which approved copy of this form is to be sent)			
	Texas New Mexico Pipeline Name of Authorized Transporter of Casinghead Gas Or Dry Gas Address (Give address to which approved copy of this form is to be sent			
	1-7 114			
	El Paso Natural Gas If well produces oil or liquids,	Unit Sec. Twp. P.ge.		When
	give location of tanks.	G 24 26 27	Yes	<u> </u>
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool	, give commingling order number: New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res'v
	Designate Type of Completion		New Well Noticover Deepen	Pring Book Some Nes V. Dill. Res V
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth
	Dievations (Br., IKB, Kr., OK, etc.)	, and the state of	7.00 0.07 0.20 (2)	, sain, sapin
	Perforations			Depth Casing Shoe
-				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	11000 0120			
v	TEST DATA AND DECUTST FO	OR ALLOWARIE (Test must be	ofter recovery of total volume of load	nil and must be equal to at exceed top allow
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	i lift, etc.j
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size
	Actual Prod. During Test	Cil-Bbia.	Water - Bbls.	Gas-MCF
	<u></u>			
	GAS WELL			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
			(C-11-2 Page 14-1)	Chaire Clar
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
VΙ	CERTIFICATE OF COMPLIANCE	CF	OII CONSED	VATION COMMISSION
· 1.	CERTIFICATE OF COMPLIANT	OL	- ' '	•
	I hereby certify that the rules and r		· 11	, 19
	Commission have been complied v	uith and that the interration given		a west.

above is true and complete to the best of my knowledge and belief.

(Signature)

(Date)

Production/Proration Supervisor

(Title)

July 1, 1981

Orig. Signid & Jerry Sextent

TITLE Dist 1, Ship

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Canarara Roma C-104 must be filed for each cool in multiply